

MAY - 5 2006

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| | | | |
|-----------------------|--|------------|----------------|
| In re application of: | Inmaculada Silos-Santiago, et al. | | |
| Application No.: | 10/768,158 | Group No.: | 1653 |
| Filed: | January 30, 2004 | Examiner: | Liu, Samuel W. |
| For: | METHODS AND COMPOSITIONS IN TREATING PAIN AND PAINFUL DISORDERS USING 16386, 15402, 21165, 1423, 636, 12303, 21425, 27410, 38554, 38555, 55063, 57145, 59914, 94921, 16852, 33260, 58573, 30911, 85913, 14303, 16816, 17827 OR 32620 | | |

Practitioner's Docket No. MPI03-012P1RNOMNIM PATENT

Certificate of Transmission under 37 CFR 1.8

1-571-273 8300

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on May 5, 2006.



Signature

Ann Sherry

Typed or printed name of person signing Certificate

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Submitted herewith:

| | |
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| This Certificate of Transmission under 37 CFR 1.8 | 1 page |
| Response Transmittal (in duplicate) | 6 pages |
| Response to Restriction Requirement and Preliminary Amendment | 4 pages |
| Power of Attorney and Correspondence Address Indication Form | 1 page |
| Statement under 37 CFR 3.73(b) | 1 page |
| Copy of Notice of Recordation, Recordation Form Cover Sheet, and executed Assignment | 8 pages |
| Total (including Fax Transmittal) | 21 pages |

TO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Confirmation No. 6099

TRANSMITTAL

1. Transmitted herewith for this application is/are:
 - a. This Transmittal (3 pages – in duplicate);
 - b. Response to Restriction Requirement and Preliminary Amendment (4 pages);
 - c. Power of Attorney and Correspondence Address Indication Form (1 page);
 - d. Statement under 37 CFR 3.73(b) (1 page);
 - e. Copy of Notice of Recordation, Recordation Form Cover Sheet, and executed Assignment (8 pages);
 - f. Certificate of Transmission under 37 CFR 1.8 (1 page).

STATUS

2. Applicant is other than a small entity.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

- ☐ with sufficient postage as first class mail.

- ☐ as "Express Mail Post Office to Addressee"
Mailing Label No. _____

TRANSMISSION

- ☒ transmitted by facsimile to the Patent and Trademark Office at 1-571-273-8300.

Date: May 5, 2006

Signature

Ann Sherry

(type or print name of person certifying)

***WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Page 1 of 3)

05/09/2006 AMONDAF1 00000032 501668 10768158

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Practitioner's Docket No. MPI03-012P1RNOMNIM

PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a five month extension:

Fee: \$2,160.00

Extension fee due with this request \$2,160.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | | (Col. 3) | OTHER THAN A SMALL ENTITY | | |
|---------------------------------|--|-------|---------------------------------------|---|---------------|------------------------------|---|------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | | Present Extra | Rate | | Addit. Fee |
| Total | 7 | Minus | 23 | = | 0 | \$50.00 | = | \$0.00 |
| Indep. | 1 | Minus | 4 | = | 0 | \$200.00 | = | \$0.00 |
| Multiple Dependent Claims | no | | no | | | \$360.00 | = | \$0.00 |
| | | | | | | Total Addit. Fee | | \$0.00 |

Total additional fee for claims required \$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$2,160.00 (which includes the \$2,160.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

(Page 2 of 3)

Practitioner's Docket No. MPI03-012P1RNOMNIM

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668.
If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address

Direct all future correspondence to:

Customer Number 30405

OR

Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
40 Landsdowne Street
Cambridge, MA 02139

May 5, 2006

MILLENNIUM PHARMACEUTICALS, INC.

By

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